

# **Appendix B**

## **Sponsor Survey**

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## **Family Child Care Homes Legislative Changes Study**

# **SURVEY OF FAMILY CHILD CARE SPONSORS**

**Abt's Toll Free Number 1-888-294-6301**

[Attach ID Label]

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Thank you for the time you will spend completing this questionnaire. If you have any questions on what a question or an instruction means, please call us toll free at 1-888-294-6301.

**1. Which one of the following types of businesses best describes your sponsoring organization?** *(Please circle the number of your answer)*

- Private social service agency ..... 1 12/
- Public social service agency ..... 2
- School district ..... 3
- College or university ..... 4
- Private non-profit community agency or charitable organization (YMCA, United Fund, etc.) ..... 5
- Church/religious organization ..... 6
- Other non-profit entity *(Please specify)* ..... 7
- \_\_\_\_\_ 13-14/
- Other *(Please specify)* ..... 8
- \_\_\_\_\_ 15-16/

The next questions are about the proportion of your organization's revenue that comes from the USDA's Child and Adult Care Food Program (CACFP) administrative cost reimbursements.

**2. What percentage of your organization's revenue would you estimate came from the USDA's Child and Adult Care Food Program (CACFP) administrative cost reimbursements during 1998?** *(We are interested in your whole organization, not just the group that administers the CACFP)*

- 25% or less ..... 1 17/
- 26 to 50% ..... 2
- 51 to 75% ..... 3
- 76 to 100% ..... 4

**3. Do your current CACFP administrative cost reimbursements account for a larger or smaller proportion of your organization's total revenue than they did in January, 1997?**

- CACFP reimbursements are now a **greater** proportion of revenue than in January, 1997 . . . . . 1 GO TO Q. 4 18/
- CACFP reimbursements are now a **smaller** proportion of revenue than in January, 1997 . . . . . 2 ANSWER Q. 3a
- CACFP reimbursements are the **same** proportion as in January, 1997. . . . . 3 GO TO Q. 4

**3a. What accounts for the decrease in the share of revenue from the CACFP?**

- Sponsoring fewer homes . . . . . 1 19/
- Earning more from other (non-CACFP) activities . . . . . 2
- Other (*Specify*) . . . . . 3

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20-21/  
22-23/

The following question is about the child care homes you sponsor for meal and snack reimbursements through the USDA's Child and Adult Care Food Program.

- 4. How many child care homes are you currently sponsoring (as of January of 1999) by tier?** 24/BLANK  
*(Enter zero if you have no homes in one or more of the categories shown)*

Total number of homes sponsored			25-26/
Total number in tier 1			27-28/
Number of providers qualified on the basis of census block poverty data			29-30/
Number of providers qualified on the basis of elementary school free and reduced-price meals data			31-32/
Number of providers qualified on the basis of household income			33-34/
Total number in tier 2			35-36/
Number serving at least one low-income child qualified for tier 1 reimbursement (mixed homes)			37-38/
Number serving no tier 1 children			39-40/

Now we ask about tiering determination and reimbursement claims.

**5. Does the State agency that oversees the CACFP or your organization make tier 1 status determinations?**

- State agency . . . . . 1 GO TO Q. 11 41/
- My organization . . . . . 2 ANSWER Q. 6

**6. What information does the State agency provide your organization to make those determinations? (Please circle one answer)**

- Elementary school free and reduced-price meals data . . . . . 1 42/
- Census block poverty data . . . . . 2
- Both elementary school and census block data . . . . . 3
- State does not provide either type of information . . . . 4

**How does your organization then obtain the data needed for tier 1 determinations? (Describe)**

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 43-44/  


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 45-46/  


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 47-48/

**7. In what form do you receive the information? (Circle all that apply)**

- Paper copy of the list of approved census block areas . . . . . 1 49/
- Computer file of census block areas . . . . . 2 50/
- Physical maps of census block areas . . . . . 3 51/
- Computer file of schools with required free and reduced meal eligibility . . . . . 4 52/
- Paper copy of the list of schools with required free and reduced price meal eligibility . . . . . 5 53/
- Written description of school attendance areas . . . . . 6 54/
- Computer file of school attendance areas . . . . . 7 55/
- Physical maps of school attendance areas . . . . . 8 56/
- Other (Please describe) . . . . . 9 57/

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 58-59/  


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 60-61/

**8. Under what circumstances do you use census data rather than elementary school data to qualify homes as tier 1? (Circle all that apply)**

- Available school data includes students bused in from other areas ..... 1 62/
- Homes located in an area where residents can choose among several schools to attend ..... 2 63/
- School serves a large rural area ..... 3 64/
- Census data indicates pockets of low-income residences in an elementary school area ..... 4 65/
- Homes located in area served by magnet or charter school ..... 5 66/
- Other reason why census data more accurately reflects area's poverty status (*Explain*) ..... 6 67/
- \_\_\_\_\_ 68-69/
- \_\_\_\_\_ 70-71/
- \_\_\_\_\_ 72-73/

**9. How frequently does your organization use area poverty information (e.g., school and/or census data) to redo tier 1 status determinations?**

- Yearly ..... 1 74/
- Every 3 years ..... 2
- Other (*Specify*) ..... 3
- \_\_\_\_\_ 75-76/
- \_\_\_\_\_ 77-78/

**10. For homes qualifying for tier 1 status on the basis of low provider income, how many hours, on average, does it take to certify the income status of one provider, including information collection, verification, documentation, and record keeping?**

*(Enter zero if you have no homes qualifying on this basis)*

\_\_\_\_\_ 79-80/  
Hours

**11. Which meal count system do you use for tier 2 homes that serve some tier 1 children?**

- Does not apply, do not sponsor any mixed tier 2 homes ..... 1 81/
- Actual ..... 2
- Percentages or blended rates ..... 3

**In claiming percentages or blended rates, do you use enrollment or attendance lists?**

- Enrollment lists ..... 1 82/
- Attendance lists ..... 2

**12. Since January of 1997, have you received any family child care home grants or other funds from USDA or your State agency to help you to implement tiering?**

- Yes ..... 1 83/
- No ..... 2 GO TO Q. 13

**12a. How much of the expense of implementing tiering was covered?**

- All ..... 1 84/
- Most ..... 2
- Some ..... 3
- None (*Please explain*) ..... 4

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85-86/  
87-88/

Our next questions are about the monitoring of family child care homes you do for the CACFP.

**13. On average, how many times did your organization visit each family child care home for monitoring purposes during 1998?**

\_\_\_\_\_ 89-90/  
Times

**13a. How many of those visits were unannounced?**

\_\_\_\_\_ 91-92/  
Visits

**14. Do you now make more, fewer or about the same number of monitoring visits per provider as you made before January of 1997?**

More ..... 1 93/  
Fewer ..... 2  
The same as before January, 1997 ..... 3

**15. Do your monitoring visits to family child care providers now last longer, shorter or about the same amount of time as before January of 1997?**

Longer ..... 1 94/  
Shorter ..... 2  
The same as before January, 1997 ..... 3

**16. Why did you change the frequency or duration of your monitoring visits?**  
*(Circle all that apply)*

*(If no changes, check (✓) box and skip to question 17) . . . . .*  95/

To explain tiering and answer questions about it . . . . . 1 96/

To persuade providers to stay in the CACFP . . . . . 2 97/

Change in staffing (added or lost staff) . . . . . 3 98/

Decision to increase provider support or services . . . . . 4 99/

Providers requested more assistance . . . . . 5 100/

Fewer funds available for monitoring . . . . . 6 101/

Other reasons *(Please explain briefly)* . . . . . 7 102/

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103-104/  
105-106/

The next questions ask about the group training your sponsoring organization conducts for CACFP family child care providers.

**17. Do you now offer more, fewer or the same number of group training sessions for your family child care providers as you offered before January of 1997?**

Now offer more . . . . . 1 107/

Now offer fewer . . . . . 2

No change since January, 1997 . . . . . 3

**18. Do your group training sessions for family child care providers now last longer, shorter or about the same amount of time as before January of 1997?**

Now last longer . . . . . 1 108/

Now last shorter . . . . . 2

No change since January, 1997 . . . . . 3

**19. Why did you change the frequency or duration of your group CACFP training sessions? (Circle all that apply)**

(If no changes, check (✓) box and skip to question 20) . . . . .  109/

- To explain tiering and answer questions about it . . . . . 1 110/
- Added staff . . . . . 2 111/
- Lost staff . . . . . 3 112/
- Decision to increase provider support or services . . . . 4 113/
- Decision to decrease provider support or services . . . . 5 114/
- Providers requested more training . . . . . 6 115/
- Fewer funds available for training . . . . . 7 116/
- More funds available for training . . . . . 8 117/
- Other reasons (Please describe briefly) . . . . . 9 118/

\_\_\_\_\_  
 \_\_\_\_\_ 119-120/  
 121-122/

The following questions are about any individual (one-on-one) training your sponsoring organization conducts for CACFP family child care providers. If your organization has never done individual training with family child care providers, check (✓) box and skip to question 23 . . . . .  123/

**20. Do you now make more, fewer or the same number of individual training visits for your family child care providers as you made before January of 1997?**

- More . . . . . 1 124/
- Fewer . . . . . 2
- The same as before January, 1997 . . . . . 3

**21. Do your individual training sessions for family child care providers now last longer, shorter or about the same amount of time as before January of 1997?**

- Now last longer . . . . . 1 125/
- Now last shorter . . . . . 2
- No change since January, 1997 . . . . . 3

**22. Why did you change the frequency or duration of your individual CACFP training sessions? (Circle all that apply)**

(If no changes, check (✓) box and skip to question 23) . . . . .  126/

To explain tiering and answer questions about it . . . . . 1 127/

Added staff . . . . . 2 128/

Lost staff . . . . . 3 129/

Decision to increase provider support or services . . . . 4 130/

Decision to decrease provider support or services . . . . 5 131/

Providers requested more training . . . . . 6 132/

Fewer funds available for training . . . . . 7 133/

More funds available for training . . . . . 8 134/

Other reasons (Please describe briefly) . . . . . 9 135/

\_\_\_\_\_  
\_\_\_\_\_ 136-137/

138-139/

Now think about your organization's CACFP staffing.

**23. How have the average hours per month your staff devotes to CACFP activities changed since January 1997?**

(If no change, check box (✓) and skip to question 25) . . . .  140/

More hours devoted . . . . . 1

**23a. What were the main reasons for more staff hours devoted to CACFP activities? (Circle up to three answers)**

Sponsoring more providers . . . . . 1 141/

Administrative duties have increased . . . . . 2 142/

Providing additional services/program materials . . . . . 3 143/

Monitoring child care providers more frequently . . . . . 4

Conducting more training or new types of training . . . . . 5

Additional funds became available . . . . . 6

Increased outreach to low-income providers . . . . . 7

Other reason (Please explain) . . . . . 8

\_\_\_\_\_ 144-145/

\_\_\_\_\_ 146-147/

Fewer hours devoted . . . . . 2

**23b. What were the main reasons for fewer staff hours devoted to CACFP activities? (Circle up to three answers)**

Sponsoring fewer providers . . . . . 1 148/

Administrative duties have decreased . . . . . 2 149/

Providing fewer services . . . . . 3 150/

Monitoring child care providers less frequently . . . . . 4

Conducting less training . . . . . 5

Not enough funds . . . . . 6

Other reason (Please explain) . . . . . 7

\_\_\_\_\_ 151-152/

\_\_\_\_\_ 153-154/

**24. How did your organization accommodate the change in hours?**  
*(Circle all that apply)*

- Added or reduced staff positions . . . . . 1 155/
- Changed mix of full-time and part-time staff . . . . . 2 156/
- Increased/decreased amount of overtime . . . . . 3 157/
- Reassigned some staff time to or from other activities . . . 4 158/

**25. For each of the following activities associated with your participation in the CACFP, please indicate which best describes the level of burden each activity places on your staff. (When estimating burden, please consider both level of difficulty and the amount of time the activity requires)**

	Not at All Burden- some	Not Very Burden- some	Somewhat Burden- some	Very Burden- some	Not Applicable	
	▼	▼	▼	▼	▼	
Application/renewal process	1	2	3	4	5	159/
Assignment of homes to tier 1 or tier 2 status using census or school meals information	1	2	3	4	5	160/
Certifying providers' income for tier 1 status	1	2	3	4	5	161/
Income eligibility determination of children	1	2	3	4	5	162/
Developing forms (claim, eligibility, etc.)	1	2	3	4	5	163/
Reviewing monthly claim forms	1	2	3	4	5	164/
Filing claims with State agency	1	2	3	4	5	165/
Meal pattern requirements	1	2	3	4	5	166/
Training of family child care providers	1	2	3	4	5	167/
Monitoring visits to family child care homes	1	2	3	4	5	168/

Now we ask about any changes to your organization's focus and recruitment activities.

**26. Since January 1997, has the focus of your operations changed in any way?**

- Yes ..... 1      ANSWER Q. 26a      169/
- No ..... 2      GO TO Q. 27

**26a. How have your operations changed? (Circle all that apply)**

- Stepped up child care home recruitment efforts . . 1      170/
- Reduced child care home recruitment efforts . . . . 2      171/
- Began sponsoring more child or adult care centers 3      172/
- Now sponsoring fewer child or adult care centers . 4      173/
- Expanded other ongoing activities ..... 5      174/
- (Specify)\_\_\_\_\_ 175-176/
- \_\_\_\_\_ 177-178/
- Decreased other ongoing activities ..... 6      179/
- (Specify)\_\_\_\_\_ 180-181/
- \_\_\_\_\_ 182-183/
- Branched out into new child care-related activities 7      184/
- (Specify)\_\_\_\_\_ 185-186/
- \_\_\_\_\_ 187-188/
- Began to operate non-child care services  
(e.g., producing/distributing calendars, selling bulk  
foods to providers) ..... 8      189/
- (Specify)\_\_\_\_\_ 190-191/
- \_\_\_\_\_ 192-193/
- Other ..... 9      194/
- (Specify)\_\_\_\_\_ 195-196/
- \_\_\_\_\_ 197-198/

**27. Since January 1997, what changes have you made in recruiting new homes?**  
*(Circle all that apply)*

*(If no changes, check box (✓) and skip to question 28) . . . . .*  <sub>0</sub> 199/

Changed the method for recruiting homes  
 (e.g., started placing newspaper ads, posting notices,  
 or relying on word of mouth) . . . . . 1 200/

Changed the target neighborhoods to recruit  
 in low-income areas . . . . . 2 201/

Offered providers additional services . . . . . 3 202/

Began to offer or expanded assistance with licensure  
 process for prospective providers . . . . . 4 203/

Changed staff responsible for recruiting . . . . . 5 204/

Other *(Please specify)* . . . . . 6 205/

\_\_\_\_\_ 206-207/  
208-209/

**27a. Why did you make these changes?** *(Circle all that apply)*

Increased difficulty in recruiting new homes . . . 1 210/

Wanted to recruit more tier 1 homes . . . . . 2 211/

Wanted to reduce turnover in sponsored homes 3 212/

Increased competition from other sponsors . . . . 4 213/

Other *(Please specify)* . . . . . 5 214/

\_\_\_\_\_ 215-216/  
217-218/

**28. Does your organization specifically target outreach to providers *servicing low-income families*?**

Yes . . . . . 1 ANSWER Q. 28A 219/

No . . . . . 2 GO TO Q. 29

**28a. What type(s) of outreach does your organization conduct to attract and retain them? (Circle all that apply)**

(If none, check box (✓) and skip to question 29) . . . . .  220-221/

Providing small grants to assist with  
licensing requirements . . . . . 01 222-223/

Providing noncash assistance with licensing  
requirements . . . . . 02 224-225/

Providing extra assistance with paperwork . . . . . 03 226-227/

Using CACFP materials in the primary language  
of the provider . . . . . 04 228-229/

Using low-literacy CACFP materials . . . . . 05 230-231/

Contacting or visiting community agencies,  
churches, and schools . . . . . 06 232-233/

Using newsletters, posters and flyers . . . . . 07 234-235/

Using media: TV, radio and/or newspapers . . . . . 08 236-237/

Asking for referrals from your providers or  
other agencies involved in child care . . . . . 09 238-239/

Other method(s) (Please specify) . . . . . 10 240-241/

\_\_\_\_\_ 242-243/

\_\_\_\_\_ 244-245/

**29. Are USDA outreach and expansion funds available in your State?**

Yes . . . . . 1 246/

No . . . . . 2 GO TO Q. 30

Don't know . . . . . 3 GO TO Q. 30

**29a. Have you received a grant from USDA to conduct outreach and expansion efforts targeted to low-income families or rural areas?**

Yes . . . . . 1 247/

No . . . . . 2

**30. In addition to any changes you have told us about in the previous pages, please briefly describe any other changes you have implemented in your sponsorship program of family child care homes and other services in response to the changes in CACFP legislation that became effective on July 1, 1997.**

**30a. What changes have you made?**

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248-249/

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250-251/

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252-253/

**30b. Why were these changes made?**

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254-255/

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256-257/

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258-259/

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Thank you so much for giving your time and thoughts. Please feel free to call us at 1-888-294-6301 if you have any questions about the study.

This page will be separated from the other information on the questionnaire before any data are placed into computer files. We have included it in case we need to call you for clarification. Your name will not be connected with the answers you have given in the rest of this questionnaire.

Please enter your name, title, phone number, and the date on which you completed this questionnaire. You may be contacted by staff from Abt Associates if any of your answers need clarification. If you would like to receive a copy of the results of this study, check (✓) the box below and a report will be mailed to you.

Your Name \_\_\_\_\_

Today's Date    /    /      
                  Month Day Year

Your Title \_\_\_\_\_

Telephone No. (    )    -      
                  Area Code Number

Please send a copy of study results